

WC98-2176 - FIDUCIARY TRUST
2 WTC 97 FL

Quality Assurance Division Design Standards

TAA No.

Charge Code:

Tenant:

REVIEW STATUS

[illegible]

FILE RTP
TAA # WC98-217

Buckslip

THE PORT AUTHORITY OF NY & NJ

To: Teresa Koebel

Location: 88S

From Ron Pisapia / WTC 51N / (212) 435-8562

Date 6 / 29 / 98

RE: TAA #WC98-2176

TENANT: FIDUCIARY TRUST INT.

SUBJECT: PROFESSIONALLY CERTIFIED PROJECT

CC: J. Belfor, J. Napolitano

This will serve as notice that Engineering Quality Assurance will not audit the above-referenced project.

Thanks.

Ron Pisapia
Ron Pisapia

Engineer of Projects
Quality Assurance Division

RP/lm

Attachment



Soy Ink

PA 31
1-00

OFFICE COPY

THE PORT AUTHORITY OF N.Y. & N.J.
ENGINEERING DEPT. QUALITY ASSURANCE DIV.
DESIGN STANDARDS

JUN 30 1998
Wc 98-2176 ①

RECEIVED
ALTERATIONS APPLICATION
TENANT CONSTRUCTION REVIEW UNIT

File Fee
Contract

THE PORT AUTHORITY OF NY & NJ
One World Trade Center, New York, N.Y. 10048

For Port Authority use only	
FACILITY WTC	APP. NO. 982176
DATE / /	APPLICANT'S NAME FIDUCIARY TRUST CO. INT

TENANT CONSTRUCTION OR ALTERATION APPLICATION

APPLICANT MUST READ THE TERMS AND CONDITIONS PRINTED ON THE REVERSE HEREOF

The Applicant shall not commence performance of any of the said work prior to the receipt by Applicant of a copy of this application duly signed in Part Two hereof on behalf of The Port Authority of New York and New Jersey. Upon receipt thereof, the Applicant agrees to perform said work in accordance with the following "Information to be Furnished by Applicant" and to comply with and be bound by all requirements and conditions set forth below under the remarks, if any, in Part Two hereof and the terms and conditions set forth on the reverse hereof.

PART ONE: Information to be furnished by Applicant (Refer to your lease or permit for required information)

Permission is hereby requested to perform the following described work on the space occupied by the Applicant

AT (FACILITY) WTC	PURSUANT TO (LEASE, SPACE PERMIT) NUMBER NT 2979-B	LOCATION (BUILDING NUMBER OR AREA) OF SPACE TO BE ALTERED 2 WTC. PART 9TH FLR. NY, NY 10048
DESCRIPTION OF WORK AND REASON RELOCATIONS OF DEMOUNTABLE HTL./AL. PARTITIONS. RELOCATION OF THREE SPRINKLER HEADS AND ONE SMOKE DETECTOR.		
ESTIMATED COST OF WORK \$ 15,000 ⁰⁰	ESTIMATED TIME TO COMPLETE (DAYS) 7 DAYS	STARTING DATE 6/22/98
		COMPLETION DATE 6/30/98

Plans: Prints of each drawing must be submitted with copies of application. Include floor plan and show area affected by proposed work (size 8 1/2" x 11" or larger).

TITLE OF DRAWING DEMOLITION/CONSTRUCTION REFLECTED CEILING PART PLANS & HISC. DETAILS AND GENERAL NOTES	DRAWING NUMBER A-1	DATED 6/12/98
--	-----------------------	------------------

NAME & ADDRESS OF CONTRACTOR (IF NOT KNOWN, SUBMIT LATER)	NAME AND ADDRESS OF ENGINEER OR ARCHITECT BONSIGNORE DESIGN 38 E. 29TH ST. NEW YORK, NY. 10016	TELEPHONE NUMBER 212 696-1954 LICENSE NUMBER
---	---	--

SEND CORRESPONDENCE TO:
(NAME AND ADDRESS OF EMPLOYEE IN CHARGE OF WORK)
MS. MADELINE MARSALE
FIDUCIARY TRUST INT.
2 WTC. 90TH FLR.
NEW YORK, NY 10048

TELEPHONE NUMBER
466-4100

ENGINEER OR ARCHITECT CERTIFICATION

I have supervised the preparation of plans and specifications for the entire work represented herein and hereby certify that they conform to the requirements of the respective enactments, ordinances, resolutions and regulations of the City, town or municipality in regard to construction and maintenance of buildings and structures and in regard to health and fire protection which would be applicable if the Port Authority were a private corporation.

APPLICANT'S NAME (AS IT APPEARS ON LEASE OR PERMIT) FIDUCIARY TRUST CO. INTL	SIGNATURE OF LICENSED PROFESSIONAL ENGINEER OR ARCHITECT <i>[Signature]</i>	DATE 6/12/98
BY (SIGNATURE OF AUTHORIZED REP.) <i>Madeline Marsale</i>	TITLE VICE PRES	DATE 6/12/98

The Contractor by signing below agrees to all the terms and conditions on this application and printed on the reverse side thereof, including #5 indemnifying the Port Authority, and further agrees to be bound by all riders and schedules attached to this application

☒ The Applicant must check here if the Professional Certification Program is elected for tenant construction or alteration at the World Trade Center

Signature: _____
(Contractor) Date

X Signature: *Madeline Marsale* 6/12/98
(Applicant Officer/Partner) Date

Address: _____

Please advise the undersigned, in writing, when this work has been completed. SEAL.

PART TWO: Prepared by Port Authority and returned to Applicant

The above Application is ☐ Approved ☐ Disapproved. Subject to the following conditions:

☐ Continued on Rider 'A,' 'B,' 'C,' 'F,' and 'G' (Rider G will be included only for the Professional Certification Program)

THE PORT AUTHORITY OF NY & NJ

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INSPECTED BY	DATE
/ /	/ /

TITLE	DATE
/ /	/ /

OFFICE COPY

APPLICANT OPTION FOR PROFESSIONAL
CERTIFICATION AT THE WORLD TRADE CENTER

PART 97th Flr.

Applicant's Name: FIDUCIARY TRUST INT. Tenant Alteration: 2 WTC. Application: 982176

Applicant must read the reverse side of this form and sign in the space provided.

By its signature below, Applicant hereby submits this Tenant Alteration Application (hereinafter called the TAA) for Professional Certification at the World Trade Center, and affirm, understand, and agree as follows:

1. Applicant affirms to have met with duly appointed representatives of the Port Authority's (PA) World Trade Department (WTD), have had explained to me and understand the complete TAA process for Tenant construction work when this process is conducted entirely by the PA, as well as when it is conducted under the Professional Certification Program.
2. Applicant affirms to have elected the Professional Certification Program for TAA 982176 (write in number), and will direct the retained Registered Architect or Professional Engineer (hereinafter called the Consultant) to familiarize himself/herself with and conform to the requirements of this Rider.
3. Applicant understands that all TAA's submitted under the Professional Certification Program will be reviewed ONLY for compatibility of the Consultant's design with the WTC's existing structure and systems.
4. Applicant understands that under this Program, the Consultant will prepare all the documents necessary for construction, and will be responsible for certifying that the construction documents prepared in connection with TAA _____ (write in number) are in compliance with applicable codes and PA technical standards.
5. Applicant understands that under this Program, the Consultant will also be responsible for certifying that the completed construction work in connection with TAA 982176 (write in number) has been performed in accordance with the approved construction documents, and all applicable codes and PA technical standards.
6. Applicant affirms that the Consultant being retained in connection with TAA 982176 (write in number) (circle A or B, as applicable):

A. Has been selected from the PA's list of pre-approved consultants provided to me by the ~~WTC~~ STANDARDS

The Consultant's name is: CONSIGNORE DESIGN, INC.

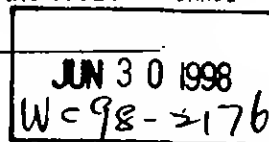
B. Is not on the list of pre-approved consultants.

The Consultant's name is _____

In order to be approved by the PA as eligible for the Professional Certification Program, Applicant will direct the Consultant to submit to the PA, on its letterhead, documentation verifying and/or providing the following:

- i) A current license to practice in New York State.
- ii) That the Consultant has at least five (5) years of experience in the planning and design of office space and has completed at least ten (10) projects totaling in excess of 20,000 square feet constructed in New York City.
- iii) That the Consultant has a current staff appropriate to the size of the job and also shall have available a list of sub-Consultants with whom he/she regularly works, and will identify the number of licensed architects/engineers on his/her staff or the sub-Consultant's staff, and their specific high-rise office alterations experience as it relates to the type and size of the project in the WTC. The Consultant and sub-Consultant shall indicate the credentials, by resume, of all staff to be employed on any WTC project.
- iv) A copy of the Consultant and sub-Consultant's current errors and omissions certificate of insurance, including a 30-day cancellation notice to the PA.
- v) A list of high-rise, office-space alterations previously completed in New York City. The list should include each project's location and owner/lessee of the space, and the owner's/lessee's telephone number. The PA will obtain references on these projects.
- vi) That the Consultant and sub-Consultants shall have demonstrated satisfactory performance on all Port Authority related work

THE PORT AUTHORITY OF N.Y. & N.J.
ENGINEERING DEPT. QUALITY ASSURANCE DIV.



RIDER G
FORM G4

ITEMS REQUIRED FOLLOWING
CONSTRUCTION COMPLETION AT
THE WORLD TRADE CENTER

Alteration Application:	Applicant's Name: <u>FIDUCIARY TRUST INTERNATIONAL</u>
Location: <u>PART 97th Flr. 2 WTC NY, NY, 10048</u>	

The Consultant is required to make a notation of Yes or No to indicate whether or not the item is included.
THIS APPLICATION FOR PROFESSIONAL CERTIFICATION WILL BE REJECTED IF ANY INFORMATION IS MISSING,
INCOMPLETE, OR NOT PROVIDED AS REQUIRED.

Checklist 1: Controlled Inspections Completed (NYC Building Code Section)

YES NO

- | | |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Welding (27-616) |
| <input checked="" type="checkbox"/> | Aluminum (Table 10-2) |
| <input checked="" type="checkbox"/> | High Strength Bolts (Table 10-2) |
| <input checked="" type="checkbox"/> | Smoke Test (27-868) |
| <input checked="" type="checkbox"/> | Fire Stops (27-345) |
| <input checked="" type="checkbox"/> | Ventilation Systems (27-779) |
| <input checked="" type="checkbox"/> | Fuel Burning/Storage (27-794) |
| <input checked="" type="checkbox"/> | Refrigeration System (27-781) |
| <input checked="" type="checkbox"/> | Plumbing and Gas Piping Test (27-921) |
| <input checked="" type="checkbox"/> | High Pressure Gas (RS 16-P115.8N) |
| <input checked="" type="checkbox"/> | Sprinkler Test (27-967) |
| <input checked="" type="checkbox"/> | Standpipe Test (27-951) |
| <input checked="" type="checkbox"/> | Other (describe below) |

YES NO

- | | |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Fire Alarm Test (27-977) |
| <input checked="" type="checkbox"/> | Emergency Generators (27-794) |
| <input checked="" type="checkbox"/> | Structural Stability (R® 10/16/92) |
| <input checked="" type="checkbox"/> | Spray on Fireproofing (27-324) |
| <input checked="" type="checkbox"/> | Reinforced Masonry (Table 10-2) |
| <input checked="" type="checkbox"/> | Masonry Units (RS 10-3 3.2) |
| <input checked="" type="checkbox"/> | Concrete (27-603) |
| <input checked="" type="checkbox"/> | Concrete-Precast (27-607) |
| <input checked="" type="checkbox"/> | Concrete Pre-Stressed (27-607) |
| <input checked="" type="checkbox"/> | Concrete Design Mix (27-605) |
| <input checked="" type="checkbox"/> | Concrete Test Cylinders (27-607A(1)) |
| <input checked="" type="checkbox"/> | Other (describe below) |

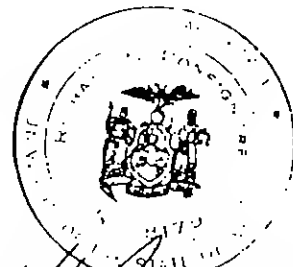
CERTIFICATION

I, RICHARD DONISIA LOPE, the Consultant whose seal and signature appear in the construction documents listed on Form G2, and Tenant Alteration Application, _____, certify and declare that the construction work has been satisfactorily completed in accordance with the approved plans and specifications and the NYC Building Code.

Consultant Name and Address

DONISIA LOPE DESIGN
38 E. 29th St.
NY, NY 10016

Seal (P.E. or R.A.) and Signature



Date: 6/12/98